

California State Journal of Medicine

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No. 1

ORIGINAL ARTICLES

RESPONSIBILITY FOR STATEMENTS AND CONCLUSIONS IN ORIGINAL ARTICLES

The author of an article appearing in the JOURNAL is entirely responsible for all statements and conclusions. These may or may not be in harmony with the views of the editorial staff. Furthermore, authors are largely responsible for the language and method of presenting their subjects. All manuscripts will be carefully read, but editorial privileges will be exercised only to a very limited extent. It is believed that the manner of presentation of any subject by any author determines to no small degree the value of his conclusions. Therefore, both the author and the reader, in our opinion, are entitled to have the subject as presented by the author as little disturbed as possible by the editors. However, the right to reduce or reject any article is always reserved.

RESECTION OF THE DISTAL END OF THE ULNA FOR SHORTENING THE RADIUS FOLLOWING FRACTURE *

By CARL HOAG, M. D., San Francisco

Certain characteristic changes take place in the wrist joint in any fracture of the radius which results in shortening of the bone. It matters little whether that fracture has occurred in the shaft or at the distal end; the ulna becomes relatively too long. It protrudes into the carpus and blocks ulnar flexion. Not only are pronation and supination limited, but the hand is forced to rotate around a new axis which makes an angle with that of the forearm. The difficulty with these deformed wrists is that the hand cannot any longer pull or lift in a straight line with the forearm. Undue strain is put upon certain surfaces of the joint which were not designed originally for such work and eventually there is a straining of ligaments and the development of some arthritis. As we shall see later, there is also, in most cases, at the time of injury, a rupture of the triangular cartilage between the radius and ulna. On account of all the damage done to the joint and the poor position in which it has to work, the hand is weak and the patient remains more or less disabled.

Theoretically, the ideal method of reconstructing

such wrist joints should aim at the elongation of the shortened radius. In certain cases, this can be done by the proper reduction of overlapping fragments or by the use of bone-grafts, but the period of immobilization is necessarily long and, not infrequently, the results are unsatisfactory. Too often the amount of pressure that is necessary to elongate the radius and crowd the articular surface to a lower level than that of the ulna causes a bowing at the point of approximation so that after all the work has been done, the length is found to be unchanged.

It is just as difficult to drag the head of the ulna out of the carpus by removing a section of its shaft. The two ends naturally tend to pull apart and the result is non-union. With either type of operation, the re-establishment of the normal relations between the ends of the bones at the wrist is seldom accomplished because they have become firmly fixed by muscular contractions and scar tissue.

Some time ago, when confronted repeatedly with need for some better procedure in these cases, it occurred to me that the logical thing to do would be to resect the distal end of the ulna. With this type of operation, one could not only remodel the joint, but one would not have to use immobilization afterwards. The danger of non-union would be avoided, and the simplicity of the operation would lessen the danger of infection. Almost immediately after operation, passive motion could be instituted so that the soft tissues could adjust themselves, and a more complete range of motion be preserved.

The only cases selected as suitable for this procedure were those in which there was a definite protrusion of the ulna into the wrist joint sufficient to limit ulnar flexion of the hand with or without subluxation of the ulnar head. They were fractures in which either the shaft of the radius had been shortened by loss of bone or an overlapping of the fragments, or those in which the epiphysis had been impacted or comminuted.

CASE REPORTS

Case I. Age 27, came under my care June 25, 1920. His left hand had been caught in a laundry machine six weeks before, causing a fracture of the radius in the middle third and a dislocation of the ulna, which protruded through the skin into the palm of the hand. An immediate reduction had been done and a cast applied. When I first saw him, six weeks later, he had an ischemic paralysis of the lower arm, a hysterical paralysis of the upper arm, and complete immobility of the fingers. The fractured radial ends were overlapping one inch and the head of the ulna lay just under the

* Read before the Section on Industrial Medicine and Surgery of the Medical Society of California, in Yosemite National Park, May 16, 1922.

SONOMA COUNTY

Sonoma County Medical Society (reported by N. Juell, secretary)—The Sonoma County Medical Society met on Thursday, December 14, with fourteen members and three visitors present. New officers were elected as follows: President, H. S. Rogers; vice-president, A. A. Thurlow; secretary, N. Juell; treasurer, R. M. Bonar; censor, J. H. McLeod, all of Santa Rosa. S. Z. Peoples was elected delegate to the State convention which will meet in San Francisco in June.

The speakers were Alvarez and Hoag of San Francisco, who spoke on "The Diseases of the Stomach and Intestines."

STANISLAUS COUNTY

Stanislaus County Medical Society (reported by R. E. Maxwell, secretary)—The regular election of officers was held December 8, at the Hotel Modesto, and the following officers were elected: President, E. R. McPheeters, Modesto; vice-president, E. T. Hagadorn, Oakdale; secretary-treasurer, R. E. Maxwell. J. A. Young was elected censor to take the place of O. I. Bemis.

Following the election various matters of society business were discussed, among which were professional cards, physical examination of high school students and matters influenced by the recent election.

Medicine and the Public Press

Physicians, Educate Yourselves!—Under this title in the November issue of the *World's Work* the editor again avails himself of the opportunity to criticize the medical profession. He bases this criticism primarily on some garbled statistics regarding childbirth. He seems to think that obstetrics and gynecology are the same thing and considers gynecology as being largely an American science. In discussing the reasons for the continued mortality in confinements, the editor states:

"Why is it that American women do not profit from the progress achieved on this side of the Atlantic? The blame rests in a quarter where one would least expect to find it, for the practicing physician is himself chiefly to blame; he does not take the trouble to train himself in the use of all the procedures which medical science has prepared for him. To those who are in the habit of upholding the rural section as vastly more civilized than the city it is something of a shock to discover that, in so many of the things that comprise modern progress—education, sanitation, the abolition of child labor, for example—the country is woefully behind the town. And in this respect again the advantage is entirely on the side of the city. The one place where a woman can face maternity with the greatest confidence of survival is in one of the great maternity hospitals of New York, Chicago, and any other of the large centers of population. The most dangerous place is in one of the small homes of the country or village, and the reason is that the least skillful obstetrician is the old-fashioned 'family practitioner' who, in many ways, is such a useful and honorable support of the small community. The trouble is that this practitioner does not school himself sufficiently in the technique of his trade."

The rest of the editorial is devoted to praising one particular post-graduate school of instruction in obstetrics and blaming the ignorance of the physician upon the fact that most of them do not take advantage of the post-graduate opportunities offered by this school. He quotes "statistics" showing that more students attend that school from large cities than from rural communities and from these "statistics" concludes that physicians in rural communities are not prepared to render adequate service in obstetrics.

ACKNOWLEDGMENT OF REPRINTS

Alderson, Harry E., Onychiauxis and thyroid therapy. Reprinted from the *Archives of Dermatology and Syphilology*, May, 1922, Vol. V, p. 603.

Belt, A. E.

See Mathe, Charles P.

Cordes, Frederick C.

See Franklin, Walter Scott.

Duncan, Rex, Primary epitheliomata of the cornea with treatment. Reprinted from *The American Journal of Ophthalmology*, Vol. IV, No. 7.

Recent developments in radio-therapy. Reprinted from the *California State Journal of Medicine*, Vol. XX, No. 9.

Franklin, Walter Scott, and Cordes, Frederick C., Bilateral lymphosarcoma of the orbit with intermittent exophthalmos. Reprinted from the *Transactions of an International Congress of Ophthalmology*, held in Washington, D. C., April 25 to 28, 1922.

An unusual orbital tumor. Reprinted from *The Journal of the American Medical Association*, September 23, 1922, Vol. 79, pp. 1038-1041.

—and Horner, Warren D., Hernia through Tenon's capsule with extrusion of orbital fat a birth injury. Reprinted from the *American Journal of Ophthalmology*, August, 1922, Vol. 5, No. 8.

Gunn, Herbert, Councilmania lafleuri not a new amoeba. Reprinted from the *Journal of Parasitology*, September, 1922, Vol. 9, pp. 24-27.

Horner, Warren D.

See Franklin, Walter Scott.

McArthur, N. T., Lethargic encephalitis. Reprinted from the *California State Journal of Medicine*, August, 1922.

Mathe, Charles P., and Belt, A. E., A case of bilateral pyelitis due to the bacillus pyocyaneus. An unusual kidney infection diagnosed through ureteral catheterization. Reprinted from the *Journal of Urology*, Vol. 8, No. 4, October, 1922.

Morton, A. W., Jejunostomy in ileus and peritonitis. Reprinted from *Western Medical Times*, Denver.

Pottenger, F. M., Some observations on therapeutic nihilism. Reprinted from *Medical Record*, September 10, 1921.

The relative value of laboratory and clinical methods of study in the diagnosis of tuberculosis. Extracted from the *American Journal of Medical Sciences*, September, 1921, Vol. CLXII, No. 3, p. 352.

Profant, Henry J., Chronic suppurative parotitis with acute exacerbations. Reprinted from the *California State Journal of Medicine*, September, 1922.

Rockey, A. E., Plastic canalization of the mandible for the retention of prosthesis. Being part of an illustrated lecture on "Plastic Surgery of the Face and Jaws" given before the twenty-ninth annual session of the Oregon State Dental Association, Portland, Ore., December 7, 1922.

Selfridge, Grant, Disturbances of metabolism and its relation to certain disorders of the respiratory tract (a preliminary report). Reprinted from *The Laryngoscope*, St. Louis, April, 1922.

Shepardson, Ruth Thygeson, Preliminary report on an investigation of the "Provocative Wassermann" controlled by the ice-box method. Reprinted from the *California State Journal of Medicine*, March, 1922.

Sumner, Percy, Remarks on refraction. Reprinted from the *American Journal of Ophthalmology*, September, 1922, Vol. V, No. 9.

Wesson, Miley B., Rabies. Reprinted from the *New York Medical Journal* for October 28, 1916;

A simple apparatus for intravenous administration of "606," and technique of using same;

Epidemic cerebrospinal meningitis. Reprinted from the *New York Medical Journal*, March 22, 1913;

Clinical report of a case of rabies treated with neosalvarsan and quinin, together with a case of lyssophobia. Reprinted from the *Journal of the American Medical Association*, January 17, 1914, Vol. LXII, p. 204;

Henoch's purpura. Reprinted from the *Medical Record*, December 1, 1917;

Sunstroke and its treatment. Reprinted from the *Medical Review*, Vol. LXII, No. 8, 1913;

An anatomical and embryological study of the perineum. Reprinted from the *California State Journal of Medicine*, August, 1922;

The development and surgical importance of the rectourethral muscle and denonvilliers' fascia. Reprinted from the *Journal of Urology*, Vol. VIII, No. 4, October, 1922;

Anatomical, embryological and physiological studies of the trigone and neck of the bladder. Reprinted from the *Journal of Urology*, Vol. IV, No. 3, June, 1920;

—and Young, Hugh H., The anatomy and surgery of the trigone. Reprinted from the *Archives of Surgery*, July, 1921, Vol. III, pp. 1-37.

out vividly and helpfully, and shows that not symptoms but the child is his interest, even when called to the sick child. Such a book is as valuable to the mother of the runabout as that anchor in the troubled seas of infancy—The Care of the Child, by Emmet Holt—has been to thousands of mothers of young infants. In this period of the fitting of the child to its environment, the sensible, thoughtful discussions of problems by so sympathetic an observer of homes and children must be a real service to mothers.

The book is one to be recommended to young mothers for study and consultation. A. B.

BOOKS RECEIVED

The Biology of Death. Being a series of lectures delivered at the Lowell Institute in Boston in December, 1920, by Raymond Pearl. The Johns Hopkins University. Philadelphia and London: J. B. Lippincott Company.

Generalized Pain, Clinical Symptomatology of Internal Diseases, Part II. By Prof. Dr. Norbert Ortner, Vienna. Translated by Francis J. Reisman, with an introduction by Thomas Webster Edgar, M. D., New York. New York: Medical Art Agency.

I Believe in God and in Evolution. By William W. Keen, M. D., Emeritus Professor of Surgery, Jefferson Medical College, Philadelphia. Philadelphia and London: J. B. Lippincott Company.

Massachusetts Takes Legal Steps to Prevent the Enforcement of the Federal Maternity and Infancy Act—The Attorney-General, acting for the people of Massachusetts, has petitioned the United States Supreme Court for leave to file a bill of complaint in a suit between the State and certain government officials, in order to enjoin them from enforcing the Act for the promotion of the welfare and hygiene of maternity and infancy, known as the Sheppard-Towner Act. The defendants named are Andrew W. Mellon, Secretary of the Treasury; Grace Abbott, Chief of the Children's Bureau of the Department of Labor; Charles E. Sawyer, Surgeon-General of the Public Health Service; John J. Tigert, Commissioner of Education.

The original bill of complaint, for which permission is asked to fill, sets forth the following items:

1. That three of the defendants constitute the Federal Board of Maternity and Infant Hygiene. No reason is given for joining the Secretary of the Treasury.

2. That the suit is instituted pursuant to an order of the State Legislature for the purpose of restraining defendants from carrying out the Act.

3. That Congress unlawfully assumed a power not delegated to it, but reserved to the States by the Tenth Amendment to the Constitution, when it passed this Act. The provisions of the law are then set out in detail. The argument is advanced that appropriations made under the Act are for local and not national purposes, that the burden of paying for it falls unequally on the States, and that the sovereign powers of the plaintiff is usurped. Action already taken under the law by the Children's Bureau is also set forth.

The petition, which was filed on September 8, 1922, will be considered at the October term of the United States Supreme Court, which begins on October 2, 1922.

In view of these proceedings, bonding companies for responsive officers of States that have accepted the provisions of this law are likely to consider premature expenditure of State funds dangerous.

EXTENSION WORK

The following additions have been made to the Extension Lecture courses offered by members of the State Society to local societies. (See October, November, February, March, June and July Journals for similar lecture courses.)

H. LISSER, M. D.

240 Stockton Street, San Francisco.

These lectures refer to specific cases with definite results from treatment and are illustrated by lantern slides.

Lecture 1. Adult Myxedema, Childhood Myxedema and Mild Grades of Hypothyroidism.

Signs, Symptoms and Treatment. Illustrated by case histories and lantern slides showing the condition of patient before and after treatment.

Lecture 2. Differential Diagnosis Between Exophthalmic Goitre and Toxic Adenoma.

The importance of this from the standpoint of prognosis and treatment.

Lecture 3. Obesity and Its Treatment by Organo-Therapy.

Different types of obesity: thyroid, pituitary, gonadal and pluriglandular. Illustrated by case histories and lantern slides showing the condition of patient before and after treatment.

Lecture 4. Types of Acromegaly and Indications for Surgery.

X-Ray radiation and glandular therapy. Illustrated by case histories and lantern slides.

Lecture 5. Types of Infantilism and Results of Treatment by Organo-Therapy.

Illustrated by case histories and lantern slides.

Lecture 6. Use of Glandular Extracts in Treatment of Menstrual Disturbances, Especially Amenorrhoea.

Illustrated by case histories and lantern slides.

Governmental Regulation and Medical Organization—We all recognize that too much governmental regulation has hampered the physician in the application of his professional judgment in his private practice. The tendency has gone too far toward emphasizing social and criminal aspects and in submerging or overlooking medical aspects. This is particularly true of laws and regulations governing the prescribing and dispensing of narcotics and alcoholics. While not minimizing the social and criminal phases of these problems, we must see to it that the medical viewpoint is realized and appreciated. So often we hear complaints against governmental regulations interfering with private practice, against the establishment of involved regulations requiring time and effort on the part of the individual physician, contemplating innumerable reports and many formalities. And yet we must recognize the need for some regulation for the public good, and that additional and burdensome regulations have sometimes been added because of the wilful or careless acts of a few individual practitioners whose forgetfulness or unscrupulous disregard of professional duty have resulted in hampering and restricting the entire profession.

In the whirlpool of immediate problems we have almost lost sight of the health insurance menace which, like a chameleon, is constantly changing its form and appearance, but without a lessening of its dangers. We must continually guard against these insidious but superficially plausible schemes whose visionary advocates claim discovery of a panacea for all industrial and social ills. Sugar coated, sentimental, even maudlin appeals, cause rapidly changing eddies and currents in public sentiment. We can safely stand on the policy that such proposals are only appealing fancies until they can be proved to meet the test of medical logic as applied in most effective service toward public advantage and advancement. Likewise the voice of organized medicine must become more positive and convincing in a national way in the guidance of many federal functions in which health, welfare and medical service are concerned.—Bulletin A. M. A.

BUSINESS AND THE BUSY PHYSICIAN

Why not let our advertisers help you?

Medical Illustrating—This issue of the Journal carries the card of Mr. Ralph Sweet, who limits his work to illustrations for medical articles. Mr. Sweet has for a number of years been connected with the University of California Medical School and Hospitals. His work is well and favorably known to physicians in many parts of the State, and all physicians will agree that the use of illustrations that really illustrate would be valuable in many scientific articles. Mr. Sweet's offices are in San Francisco, but he holds himself ready to answer calls from any part of the State.

Physiotherapy—This number of the Journal carries the card of Miss Furscott and Miss Bovill, who are opening offices in the Schroth Building, San Francisco, as physiotherapy technicians. Miss Furscott has for a number of years been the chief technician in the physiotherapy department of Hahnemann Hospital, and Miss Bovill has been doing similar work in another department of the University of California Medical School and Hospitals. Both Miss Furscott and Miss Bovill are members of the California Association of Physiotherapists, and will limit their work strictly to prescriptions of doctors of medicine and under their supervision. The development of ethical services of this character ought to make it easier for physicians to secure the benefits of mechano-therapy for their patients under conditions that should prove more satisfactory to the physicians and the patients than the conditions heretofore existing in this field.

Harry Spiro, M. D., announces a laboratory for the investigation of cardiac conditions, with complete facilities, personnel and provisions for applying any and all methods of diagnosis and prognosis in cardiac affections. Reports, including suggestions as to therapy, will be given to the physician in charge of the patient.

Green Ophthalmic Institute—Aaron S. Green, M. D., Louis D. Green, M. D., Martin D. Iove, M. D., Arthur W. Hebert, M. D., Bertrand S. Frohman, M. D., and Frank A. Trachsler, D. D. S., announce in this number of the Journal the establishment of the Green Ophthalmic Institute, at 853 Hyde street, San Francisco. The institute is for consultation, diagnosis and treatment of diseases of the eye and accessory sinuses.

Ralph B. Scheier, M. D., announces to the medical profession the establishment of a clinic for the investigation of diseases of the lungs. Patients will be carefully studied and a written report submitted to the physician in charge, outlining the diagnostic findings and suggesting therapeutic procedures.

W. A. Baum Co. Inc., New York, are in this month's advertising columns recommending the Baumanometer blood pressure apparatus.

H. B. Nichols, New York, advertises a nasal syphon, and cites an original article in the October number of the Journal for further information.

The Task of the Syphilis Clinic—A. N. Thomson, M. D., in discussing this subject (Medical Times, December, 1922), states that "Fifteen syphilis clinics and hospitals were visited and interviews were held with the doctors and social workers attached to each. This phase of the study revealed many interesting points regarding the inter-relationship of clinic and family case worker in the handling of the venereal disease patient. Chief among these was the clear indication that family case workers do not maintain the proper relationship to the doctors at the clinic."

NEVADA STATE MEDICAL ASSOCIATION NEWS

The following resolution, submitted by the judicial committee, was passed at the recent meeting:

Whereas, The Nevada State Prohibition Act forbids the use of alcohol and alcoholic liquors by the medical profession in the treatment of diseases; and

Whereas, The majority of the physicians of the United States believe that alcohol and alcoholic liquors are a necessary and essential therapeutic agent in the treatment of disease; and

Whereas, This fact has been recognized by the National Prohibition Act by virtue of its provisions permitting the use of alcohol and alcoholic liquors by the medical profession; and

Whereas, There appears to be no sound or valid reason that there should be any difference between the State and Federal law in this respect; now, therefore, be it

Resolved, That it is the sense of this Association that the Nevada Prohibition Act be amended so as to permit the use of alcohol and alcoholic liquors by the medical profession of this State in the treatment of disease; and be it further

Resolved, That the officers of this Association in its behalf use their utmost endeavors at the next session of the Legislature of the State of Nevada to secure an amendment to the Nevada Prohibition Act in conformity with the views of this Association as herein expressed.

Let us hope that it will have some weight when the time comes.

A resolution was also passed recognizing the Women's Auxiliary to the A. M. A., and Mrs. A. R. Da Costa was appointed as State chairman for Nevada.

A committee from the Nevada Nurses' Association was present and asked the N. S. M. A. to endorse a nurses' bill. They presented a draft of the bill they wished endorsed, but the motion to endorse it was withdrawn and a motion made that the chair appoint a committee to confer with a committee from the nurses and agree on a bill to be presented to the Legislature. Motion carried. Committee on this: C. W. West, R. P. Roantree, A. R. Da Costa and H. J. Brown.

A motion prevailed that the chair appoint one member in each county for the purpose of bringing all bills affecting the medical profession to the notice of the legislators.

NEW MEMBERS

Sonoma County: Fulmer, Marguerite J., Sonoma.

San Francisco County: Kuhns, Ralph H., San Francisco.

San Bernardino County: Tisinger, E. L., San Bernardino.

Santa Clara County: Reed, Will J., Hilt; Cavell, R. W., Gardena; McCausland, W. S., Chula Vista.

Stanislaus County: Bryan, G. C., Modesto.

Los Angeles County: Barndt, Milton A., Los Angeles; Cummins, F. A., Los Angeles; Enstam, C. H., Los Angeles; Haskell, P. F., Los Angeles; Hoffman, Ralph W., Los Angeles; Jones, Basil B., Los Angeles; Kahn, Julius, Los Angeles; Long, Frank A., Los Angeles; Ruth, Gerhard D., Los Angeles; Salisbury, Samuel S., Los Angeles; Salisbury, Charles, Los Angeles; Sunde, P. Harold, Los Angeles; Winard, W. F. R., Los Angeles; Walker, Homer M., Los Angeles; Werner, Ewald, Los Angeles; Nichols, Fred C., Los Angeles.

San Diego County: Stromberger, H. H., San Diego; McLellan, George H., San Diego.